

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p>B. Recipient by (Printed Name) RECEIVED</p> <p>C. Date of Delivery DEC 18 2007</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No CT SOP DEPT</p>	
<p>1. Article Addressed to: One 1064</p> <p>Square D Company c/o Its Registered Agent CT Corporation Systems 208 South LaSalle Street Suite 814 Chicago, ILL 60067</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7003 3110 0004 0799 4387</p>			

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540